

Permit #: 20217

Date Issued: 2-15-96

County: Bates

Date Cancelled: \_\_\_\_\_

CONFIDENTIAL UNTIL: \_\_\_\_\_

Date Plugged: 2-22-96

COMMENTS:

OCC FORMS	Date Received
1	
2	
3	
3i	2-15-96
4	
4i	
5	
6	
7	
8	4-5-96
11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples	chip		
	core		
Analyses	water		
	core		
Additional Submitted Data:			

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPLICATION TO DRILL ☐DEEPEN ☐PLUG BACK ☐for an oil well ☐or gas well ☐Hydrocarbon Test ☒ X

NAME OF COMPANY OR OPERATOR

Town Oil Co.

DATE 2-15-96

16205 W. 287 St.

Paola

Kansas 66071

Address

City

State

## DESCRIPTION OF WELL AND LEASE

Name of lease Brooks		Well number 4	Elevation (ground) 908
WELL LOCATION 2400 (give footage from section lines) ft. from (N) (S) sec. line 2400 ft. from (E) (W) sec. line			
WELL LOCATION Section 19 Township 38N Range 33W		County Bates	
Nearest distance from proposed location to property or lease line: N/A feet		Distance from proposed location to nearest drilling, completed or applied for well on the same lease: N/A feet	
Proposed depth. 75	Drilling contractor, name & address Town Oil Co.	Rotary or Cable Tools Rotary	Approx. date work will start 2-15-96
Number of acres in lease 120		Number of wells on lease, including this well, completed in or drilling to this reservoir: 0 Number of abandoned wells on lease: 0	
If lease, purchased with one or more wells drilled, from whom purchased: Name N/A Address		No. of Wells: producing 0 injection 0 inactive 0 abandoned 0	
Status of Bond Single Well <input type="checkbox"/> Amt. Blanket Bond <input checked="" type="checkbox"/> Amt. \$60,000			
Remarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present producing zone and expected new producing zone) use back of form if needed. N/A			
Proposed casing program: N/A amt. size wt./ft. cem.		Approved casing -- To be filled in by State Geologist N/A amt. size wt./ft. cem.	
I, the undersigned, state that I am the _____ of the _____ (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.			
Signature <u>Lulu Town</u>			

Permit Number: 20217

Approval Date: 2-15-96

Approved By: Jane H. Williams

Note: This Permit not transferable to any other person or to any other location.

Remit two copies to: Missouri Oil and Gas Council  
P.O. Box 260 Paola, Mo. 66401

One will be returned for driller's signature

☒ Driller's log required☒ E-logs required if run☒ Core analysis required if run☒ Drill stem test info. required if run☐ Samples required☒ Samples not requiredWATER SAMPLES REQUIRED ☐

Approval of this permit by the Oil and Gas Council does not constitute endorsement of the geologic merits of the proposed well nor endorsement of the qualifications of the permittee.



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
MISSOURI OIL AND GAS COUNCIL  
PLUGGING RECORD

FORM OGC-7

OWNER Town Oil Co.		ADDRESS 16205 W. 287 St. Paola, KS. 66071	
NAME OF LEASE Brooks		WELL NUMBER 4	PERMIT NUMBER (OGC-31 OR OGC-31 NUMBER) 20217
LOCATION OF WELL 2400' FNL 2400' FEL		SEC-TWP-RNG OR BLOCK & SURVEY 19-38N-33W	COUNTY Bates
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: Town Oil Co.		HAS THIS WELL EVER PRODUCED OIL OR GAS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBLS/DAY) N/A GAS (MCF/DAY)
DATE ABANDONED 2-22-96	TOTAL DEPTH 14	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY) N/A GAS (MCF/DAY)	WATER (BBLS/DAY)
Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment. N/A		Fluid content of each formation	Depth interval of each formation
			Size, kind, & depth of plugs used, giving amount cement. 1 sack cement
SIZE PIPE N/A	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)
WAS WELL FILLED WITH MUD-LADEN FLUID?		INDICATE DEEPEST FORMATION CONTAINING FRESH WATER	
NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE			
NAME		ADDRESS	DIRECTION FROM THIS WELL
N/A			
METHOD OF DISPOSAL OF MUD PIT CONTENTS		N/A	
NOTE FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)			
CERTIFICATE I, the undersigned, state that I am the partner of the Town Oil Co. (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.			
SIGNATURE Lester Town		DATE 3-29-96	

OW) 92U09090 REPO (WO)

\* Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.